

**FOREIGN  
BUSINESS CORPORATION**

**STATE OF MAINE**

**APPLICATION FOR TRANSFER OF  
AUTHORITY**

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Deputy Secretary of State
<b>A True Copy When Attested By Signature</b>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to [13-C MRSA §1524](#), the undersigned foreign corporation executes and delivers the following Application for Transfer of Authority:

**FIRST:** The **current** jurisdiction of its incorporation is \_\_\_\_\_  
and the date on which it was authorized to transact business in the State of Maine is \_\_\_\_\_.

**SECOND:** The type of entity to which it has been converted: ("X" one box only.)

- ☐ Foreign Nonprofit Corporation
- ☐ Foreign Limited Partnership
- ☐ Foreign Limited Liability Company
- ☐ Foreign Limited Liability Partnership

**THIRD:** The **new** jurisdiction whose laws govern its internal affairs is \_\_\_\_\_.

**FOURTH:** All the statements required to be set forth in an Application for Authority are attached as Exhibit \_\_\_\_\_.

For a Foreign Nonprofit Corporation, attach form MNPCA-12-1.  
 For a Foreign Limited Partnership, attach form MLPA-12-1.  
 For a Foreign Limited Liability Company, attach form MLLC-12-1.  
 For a Foreign Limited Liability Partnership, attach form MLLP-12-1.

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature of an officer or other duly authorized representative)  
 \_\_\_\_\_  
(type or print name and capacity)

\*This document **MUST** be signed by an officer or other duly authorized representative. ([§1524.1](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101  
 TEL. (207) 624-7740**